## Application for Record of Birth for: Tippecanoe County Health Department Only

TIPPECANOE COUNTY HEALTH DEPT

629 North Sixth Street Suite A, Lafayette, IN 47901 (765)423-9221 ext. 1

www.tippecanoe.in.gov/health

## **WALK IN CUSTOMER'S:**

-We need to see Driver's License or State ID
-We accept CASH, VISA OR MASTERCARD (includes DEBIT)
(NO personal checks)

\* If you are getting certificates for more than one child, and they have the same parent's, fill the form out completely for the first child, then only the lines marked by asterisks (\*) on each form there after

## **MAIL IN REQUESTS ONLY:**

- 1. Copy of your ID such as drivers license or State ID
- 2. Self Addressed, stamped envelope (MAIL REQUESTS ONLY)
  - 3. Money order or cashiers check (NO personal checks)

* Full Name at B (or adopted name					
* Date of Birth					
Place of Birth (Hom	ne Birth or Ho	ospital)			
Father's Full Name					
State of his Birth					
Mother's "Full Maiden" Name					
State of her Birth					
Were the parents married at the time of birth? YES OR NO					
Your relationship to	person who	se birth record is	s being requested & p	ourpose of certific	ate:
		&			
Your Signature_	Your Signature		Date		_
Address					
City	State	Zip	Phone_		
			fee for genealogical sea e includes the birth cert		
			# Copies		
(NEEDED IF APPL	YING FOR PA	ASSPORT)	(SHOULD NOT BE	CARRIED IN YOU	R WALLET)
		Office	use only		
			Book_		ense under IC